STUDENT FEEDBACK FORM

Teacher’s Name_____________________
Semester___________________

Course Name and Section____________________

Your instructor wants to know, from your perspective, what worked well and what did not work well in this class. Your feedback matters. Please take the time to provide insight and examples in response to the questions below.

Questions about you and your approach to this class:

1. What is your major or main area of study?
2. How satisfied are you with your effort in this course?
3. What goals did you have for this class when you began it?
4. Have you achieved these goals? Please explain.
5. Did this class help you to grow intellectually or to think in new ways?
6. What is the most useful and/or interesting thing you learned in this class?

Questions about your instructor:

1. Did you experience a welcoming environment? Please explain.
2. Did the instructor value different ideas and opinions from you and your classmates? Please explain.
3. Did the instructor use class time effectively to help you understand the course material? Please explain.
4. Did the instructor help you understand the course concepts? Please explain.
5. Did you receive timely feedback so that you know how you were doing in the class? Please explain.
6. Would you recommend this instructor to a friend who is serious about learning the material? Why or why not?

Overall experience:

1. Please provide any additional comments.